

# **Implementation Workgroup Draft Transcript August 23, 2012**

## **Presentation**

### **MacKenzie Robertson – Office of the National Coordinator**

Thank you. Good afternoon, everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call, and there will be time for public comment at the end. And the call is also being transcribed, so please make sure to identify yourself before speaking.

I'll take roll. Liz Johnson.

Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics

Here.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Liz. Cris Ross. Robert Anthony. Kevin Brady. Anne Castro. Simon Cohn. Tim Cromwell. John Derr, I know, was unable to make it. Tim Gutshall. Joe Heyman.

### **Joe Heyman – OptumInSight**

Here.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Joe. David Kates. Tim Morris. Nancy Orvis. Steven Palmer. Wes Rishel. Kenneth Tarkoff.

### **Andrea Sim – RelayHealth – Vice President of Product Management**

Andrea Sim for Ken Tarkoff.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Andrea. John Travis. Micky Tripathi. Gary Wietecha? And are there any ONC staff on the line?

### **Scott Purnell-Saunders – Office of the National Coordinator**

Scott Purnell-Saunders.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Scott.

### **Carol Bean – Office of the National Coordinator**

Carol Bean.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Carol.

### **Chris Brancato – Deloitte**

Chris Brancato, Deloitte, supporting the Office.

### **MacKenzie Robertson – Office of the National Coordinator**

Thanks, Chris. And is there anyone that I missed while I was doing roll? Okay. Liz, I'll turn it back to you.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Great. Thanks. So today the goal of the meeting, which I think will go fairly fast, is just to run back through the scenarios one last time. They're not in stone, I mean, certainly somebody could make a comment in the next week or so and we would still incorporate it. But we just want to make sure they're as close as possible, recognizing that we're still waiting on the final rule and we want to make sure that, although I think these are built in a way that we can simply make modifications as appropriate and I think they'll be minor and then present it to the Standards Committee.

The other thing we want to do is Chris and Carol and Scott and I have met, and we want to kind of present to the workgroup sort of where we go from here. Um, so Chris or Andrea or certainly any of the ONC staff, does that work for you or do you have any other requests?

**Andrea Sim – RelayHealth – Vice President of Product Management**

Yes, that works for me.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Joe, you okay?

**Joe Heyman – OptumInSight**

I'm fine.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Good. So I think what was said, like I said, I think we'll go very, very quickly through these to make sure. I don't know, Joe, if you had a chance to, to look at them yet and like I said, if we, it, as we go through uh, Chris and Scott, you know we will, we're going to run through it pretty quickly, we're not going to read them line-for-line. And I think prac-, what we'll do is just take, you know, virtually a pair, a page at a time and have people look at it to make sure that they, they believe what's reflected.

And now, Chris or Scott, which of you is probably the best equipped to point out what has been changed? Don't both speak at once.

**Scott Purnell-Saunders – Office of the National Coordinator**

I was, I was probably going to say Chris, but I mean we've added all the comments to the tracked changes of the document, so—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**Scott Purnell-Saunders – Office of the National Coordinator**

It is pretty apparent where we've added some language and kind of changed some things.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I accepted all that stuff, but I didn't look at it a whole lot.

**Chris Brancato – Deloitte**

That's ex-, very close to what I was going to say, so.

**Scott Purnell-Saunders – Office of the National Coordinator**

That's what I thought.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes, it was good. I, when I get documents like that, accept changes, so that, that was my fault for not saving it in draft.

**Scott Purnell-Saunders – Office of the National Coordinator**

Yes, we, I try my best to leave all that and just keep adding changes as ... until we make it final.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. Okay. Let's start then with medication management, please.

**Scott Purnell-Saunders – Office of the National Coordinator**

Oh, and one more thing. Liz, did you want, I've updated the timeline we just talked through, and I'm going to e-mail that to—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Everybody on the-, well, huh.

**Scott Purnell-Saunders – Office of the National Coordinator**

Right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Do-, yeah. Why don't we just, is it, well, it's a public meeting. Um, yes, you probably need to put it out. Right?

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay. So, MacKenzie, I'm going to send you a file.

**MacKenzie Robertson – Office of the National Coordinator**

Okay. Is this to distribute or is this distribute—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

It's a single slide, PowerPoint.

**MacKenzie Robertson – Office of the National Coordinator**

Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah, sorry, but I made it a PDF; so everybody can see it on their various devices.

**MacKenzie Robertson – Office of the National Coordinator**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

And then what-, as soon as we get through these, we will look at sort of a timeline for where we go from here.

Alright. Um, so okay, so let me go back. I'll say this. Uh, somebody else start real quick, because I need to go back and like I said, I had already saved the comments, so I need to go back and pull up my original file. If somebody will start either Scott or Dave or Chris so that we can, um—I apologize, I just need to go back and pull my file up, because I'm looking at a file without comments.

**Scott Purnell-Saunders – Office of the National Coordinator**

Chris, can you cover the med management?

**Chris Brancato – Deloitte**

Sure. Um, hmm, the biggest changes we made to this document, based on your feedback, we're certainly correcting a lot of the grammatical changes that you requested.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**Chris Brancato – Deloitte**

Uh we changed specifically the gender, thank you, Dr. Heyman, for, for bringing us back from the precipice of poor gender identification. And this one was pretty easy; we didn't change anything substantial in this.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay, so I've got, I'm with you now. And I, I'm sorry, it looks like I had it saved, I just didn't have it up. So I'm to, it looks like under preconditions, and Micky had suggested that we say problem list rather than a list of current medical/psycho-social problems. I think that was the comment. Is everybody with me there? Guys, it's right after where we list the pieces of the, of the bullet recovering, right behind the chevrons.

**Chris Brancato – Deloitte**

What page are you on?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I, it says six of seven on mine.

**Chris Brancato – Deloitte**

Oh I g-, I've got it now. It's six. Yeah, page, bottom of page six, Joe.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right, under preconditions, and Micky had made a, a comment that we just would like problem list rather than saying medical/psycho-social.

**Chris Brancato – Deloitte**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay?

**Chris Brancato – Deloitte**

We'll make sure that happens.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. And the next one I think we can just wait. Let's see, I'm just running through again.

**Chris Brancato – Deloitte**

So in this one I was hoping John was going to be on the call so we can explore this a little deeper.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Um, I am.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Oh there's John. Great.

**Chris Brancato – Deloitte**

Oh, you are. Hi, John. Chris Brancato.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yes, I was running late.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That's okay. So you want to talk about clinical guideline order where John had made the comment on the bottom of six?

**Chris Brancato – Deloitte**

Yes, and then, so there were a couple things that, you know as we thought through this, it seems like the terminology changes depending on what point of view you take.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes.

**Chris Brancato – Deloitte**

So the physician has a different point of view versus the non-physician caregiver. Um, so I, I'd like to hear some feedback from you all about how we should spin this.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I mean I don't know, John, I would ask you, that I'm not sure that we need to know where the medications came from. We could just say appropriate to the disease process or rather than refer to a clinical guideline order set, unless you think that's going to be in the regs.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

No, I think that unless it is it's probably good to go that route. My—it's such a loaded term, um.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. So—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah. That was my main reason why.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So. Yes, Chris, well we just, well I would think all what, all we need to say then is just say he or she selects several medications appropriate to disease process or something like that or, Joe, are you okay with that?

**Joe Heyman – OptumInSight**

Absolutely.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Chris Brancato – Deloitte**

Great. Perfect. Thank you. I just wanted to make sure we're, we're on the same understanding, and we'll make the change appropriately. It's very helpful. Thank you.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Okay, we fixed that, we fixed, yep, Scott's got it. Mm, oh, there was one on seven under administrative phase, and Scott, you had mentioned, it was actually it looks like your comment in, in no particular order. I think, you know, I, I would tell you that just from a practical perspective getting the patient medication is sort of the first thing you do, and then I think what's in no particular order is dose, timing, and route. Maybe, I think maybe what, John, you're the ones who've had, you have to test for this, or Andrea. Um, does this imply a time, a sequence to you?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

It, I'm trying to read the comment; my eyes are real bad here.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes, it says—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, I need to go full screen on it, uh.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, that's, that's why I went out and found my draft comments.

**Scott Purnell-Saunders – Office of the National Coordinator**

Yes. Literally where we add the following text and the comment during the call was just to add in no particular order, because the, you know, essentially the, the way that it's currently listed kind of gives the perception that it has to happen as an, or prescribed in the ... patient files per protocol, then verifies medication, then verify, you know, you know one through five here.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. I would just tell you the only concern I would have to you that if this is supposed to be clinically relevant, now this, and that's why I want particularly John or, or Andrea speak up, this, the, the first two almost have to happen first, but I don't know if it matters for testing procedures.

**Andrea Sim – RelayHealth – Vice President of Product Management**

I guess if I were to read this I would say, because you have bullets points and, you know, I would assume that it doesn't happen, I would already assume that it's not in any particular order.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. John?

**Chris Brancato – Deloitte**

Yeah, I'm okay. Yeah, I don't understand why you can't just say verifies that the dose, the timing, the route, and the medication match the orders. I mean I feel that it's ...

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, just that's a good idea.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, I don't know that the order of the five rights matters as long as it does. By the time you're ready to submit the order it, it is matching, or whatever triggers the validation.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah. I guess for me, I, you wouldn't start the process until you identify the patient, but I don't know that it matters ....

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah. I, I, I would suspect that's right, but beyond that, after that first bullet you're probably going to identify the med next, but then—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. That's what I thought, patient, med, and then from there it could be a—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

In any given order.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Exactly.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Got it, Scott, or—

**Chris Brancato – Deloitte**

Yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right. And that's it. Any other comments that come to mind having kind of, and I realize we're going at warp speed, but, you know, having been through this several times already?

Okay. I would say, hearing none that we should move on to the next one, and I believe that was outpatient. Um, so, okay, so we're going to move on to outpatient, and, Joe, I'm going to let you, we'll certainly walk through it together, but we're going to certainly let you take the lead on this one.

**Joe Heyman – OptumInSight**

Who's taking the lead?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Joe, you are. We're just, we're like buzzing right through this, but making sure we've got everything right.

**Joe Heyman – OptumInSight**

Oh, all right. Well, the first page just has the patient reminder list and the grammar.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**Joe Heyman – OptumInSight**

And it's fine, as far as I can tell. We changed non, on page five, we changed non-licensed to clinical personnel.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. And we, I think we carried that theme throughout after that.

**Joe Heyman – OptumInSight**

And the only, the thing I didn't notice when we did the inpatient one was whether we had licensed, eligible providers—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

No, I think we just, we'll look for it when we get there.

**Joe Heyman – OptumInSight**

I know.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Joe Heyman – OptumInSight**

And the pre-visit part, nothing there. There's a complete review of systems in the history phase, which seemed fine to me. And the business with the vital signs on the bottom of page seven I was wondering if, I don't feel very strongly about it; I think this is fine, so I'd just leave it alone.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Joe Heyman – OptumInSight**

Um, on page eight, the laboratory set test sends directly to the laboratory. I assume—, oh there's some place no this is fine.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, I think this is where, John, you had made the comment that we'd need laboratory data in clinical summary, and also the business of to know whether labs are pending. I don't think it necessarily goes here. I'm not sure we pick it up later.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, my concern was by the time we got to I think generating that we didn't explain how the lab data got in. Well, I don't, I think I recall the lab data wasn't in there, and we needed to account for it getting in. I think the lab data got in, we just didn't—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

We just couldn't—if you were being totally practical you wouldn't be able to determine how it got in.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

That, and then I don't believe it was actually listed in what we finally produced. I may be wrong.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. We'll come back to that comment in just a minute. Let's keep going.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah.

**Joe Heyman – OptumInSight**

Um, the next part is the giving the educational materials. That seems okay to me.



**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay, let's stop for just a second and answer the question that we had. Did David Kates ever follow up on whether or not we needed to do a drug formulary check in an office for an EP? Do you know, John?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

I didn't hear anything. I think he was going to look into that and get back to me, because I raised the question about whether or not that necessitated use of the formulary plan and benefit standard ...,

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

And we didn't hear anything. So, Scott, we may, or, or Chris, we may need to keep an open question on that and follow-up with David. And it may be one of those ones that it comes to view once we see the final rules.

**Chris Brancato – Deloitte**

Right. Well that's what I sort of ....

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Right. For now we can do it as an open question pending final rule review, and then we'll come back to it.

**Joe Heyman – OptumInSight**

And, and in that case we're not discussing a hospital formulary we're discussing a, an insurance company's formulary.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Correct.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

That was the intent. Yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Correct.

**Joe Heyman – OptumInSight**

.... Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. And then, Joe, you've gone on to look at the education; you thought the changes were correct?

**Joe Heyman – OptumInSight**

Yes, I, I don't have any problems with them.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Uh, we've got a reconciliation here that's been a little updated.

**Joe Heyman – OptumInSight**

Yeah, the, the change there is good.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. Okay. Good. Um, so what, I'm looking, just a second, what we don't—let me see to make sure it's true. Um, what I don't see here that I'm looking at it from that perspective is electronic prescribing by the doctor, and we have it listed in the list. So Scott or Chris, what might help is to go through each of these phases, and kind of we got better at this as we got, went along, and cross-reference where in the scenario does it do these things and I think—does that make sense to you?

**Joe Heyman – OptumInSight**

Liz.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah.

**Joe Heyman – OptumInSight**

On, on page eight.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Is it there?

**Joe Heyman – OptumInSight**

The third paragraph down ... it starts, "In addition the provider will use the prescribing and medication management functions contained in—"

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I've got it. I'm sorry. Thank you. Got it. And, so, let me go back to what I was asking Chris and/or Scott, have you all checked against the list to make sure that each one of those things are covered in the scenario? And if not, go back and do that.

**Chris Brancato – Deloitte**

Yeah, Liz, one of, it's Chris Brancato; one of the things that we will do when the rule comes out is true this up.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Chris Brancato – Deloitte**

With the certainly, the currently statutory citations and the proper names for all of the new criterion, criteria. Uh, one of the things that would have to happen to actualize this into a test bed would be to create that crosswalk.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. True. Okay. Well that will get us where we need to be then. And like you said, what I, as much as anything so that when we get to the 15<sup>th</sup>, which MacKenzie was asking about earlier, to make sure that we're on track you know, ready to show it to the Standards group, and again which all depends on dates. And we'll figure it out; we're not going to spend our time on it today. But we have a timing we, we may have a timing challenge; we'll just leave it at that.

Okay. Anything else on the EP scenario or outpatient scenario?

Okay, let's go to inpatient, and the gender things looks good.

**Joe Heyman – OptumInSight**

Oh, you ....

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, we got rid of this current, the critical access thing, which was a big deal. I mean I noticed that right away. And we changed the eligible, licensed eligible providers. That was what we agreed on. Is that right, Joe?

**Joe Heyman – OptumInSight**

Right. Right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**Joe Heyman – OptumInSight**

It's right the way it is.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, I saw it yesterday. Okay. Okay. We added statement for, ah, hospitalization. Okay. Now here's where we got into the business around the admissions process. I'm, I'm on page eight of ten. And we had talked about did we really want to go through this if it inferred that we had to do an admissions process as part of the test, because it's not part of the requirements. Is everybody with me? Do you recall that conversation? I mean, we have to get the, the, I understand the reason for getting, you know, language, gender, race, blah, blah, blah out of ADT, but we didn't want to go through how many armbands and how many of that stuff. Did we decide as a group what to do about that? Does somebody recall?

**Chris Brancato – Deloitte**

Well it's Chris Brancato. Uh, we don't have any recollection that that was decided.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. So wh-, the comment we just made was to admit to shorten the admission stage, and really we just said, you know, this whole paragraph. So I'm asking the group now. We had talked about and I, I think Chris is probably right; we probably didn't draw it to a final conclusion. We had talked about taking the paragraph above, evaluation diagnosis and treatment phase, and maybe write in a single sentence that said, you know, "Patient's admitted to the hospital," in other words, it would not go into anything around identifications, insurance card, or ID bands. Uh, Joe—

**Joe Heyman – OptumInSight**

Well, I re-, yeah, I, I remember the discussions, and it just seems to me, I mean if I remember it correctly, if it's not required we shouldn't describe it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. John or Andrea?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

I don't know that I have a question there.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Well the question is should we eliminate the paragraph that describes what happens in admissions.

**Andrea Sim – RelayHealth – Vice President of Product Management**

If the admissions person asks the patient for identification?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Correct. Right. Because my, our concern was what Joe just said, which was, we don't want to infer that there has to be any testing of that technology.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah. Yeah, I think that you know, a, a vendor's going to have to get the encounter established somehow, and it, and I know from our testing, you know, part of that was you did have to show how demographics were recorded and changed.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. Which is the first paragraph.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Right. And once you've done that I don't know that you really need to go into a lot more. You can maybe make a statement that allows you to understand it has occurred.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So, Scott and, and Chris, if we could just insert a sentence at the end of this, of the paragraph above, and just say "admission process is complete" or—we have to be very clear it does not have to be tested for other than the fact that like we have to do the ADT information or admission information in this case. Chris, are you, what are you thinking?

**Chris Brancato – Deloitte**

Yes. No, I, the, I do have a question, um. We, we discussed at length our last meeting about where the data sources and how does it get into the EHR proper rather than, you know, an ADT transfer. Um, should we, I, I'll beg your question again as should we stay away from any implication that the data source is the ADT system?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Um, I think we should, but I do think you're right about the testing problem that we have, and now let's get creative. We do have to, and John you just alluded to this, we do have to be able to show that we gathered this information and frankly, that we can change it. I mean that's what the requirement is that you have it and the EHR is the source of truth, and that the changes can be made in the EHR. And—

**Chris Brancato – Deloitte**

Correct.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right now all we're showing is a, a form being po-, filled out in the admission office if we just lose the first paragraph.

**Chris Brancato – Deloitte**

Right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Can we simply say um, that the, the same demographic, and I'm not, I'm not wordsmithing it right now, but what we're saying is the demographic, this demographic information then is entered into the EHR or, and can we be that simplistic, because you do have to be able to enter it. And then, John, I don't know how to deal with you also have to be able to amend it; but it's a little odd and then we could really go overboard on the scenario. You know, I would say we could describe a, a reason that the stuff would have to be changed, but it seems kind of, um—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Getting into a long explanation for something, you, you know, wander off course.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Exactly. I mean I think the information just has to be entered and it needs to be in the scenario. I mean technically, or by the rule the criterion says you also have to be able to amend it, which I would presume then that the certifying bodies would need you to be able to show that you could amend it.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Liz?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

This is Anne, and I joined late, but I have a question. Um, is there a requirement that it be amended if it was imported? Not if it was entered, because you could amend it while you were entering.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Uh, true.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

So if you could change the wording around to just say if the information was imported demonstrate that it could be modified by, you know, assuming, just say for instance, a name change or something like that.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Or a date change or—

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Or a date change, or at least one of the fields can be modified.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, or you have you know maybe a simpler one for one of those, the data elements, there's a transposition error and the patient has to confirm it. You know, the date of birth is transposed or—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, that's better. That, that—a

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

And then, you know, when confirming that with the patient the patient goes, "Oh you got my date of birth wrong," or, "You got my ethnicity wrong," and ... fix this.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right, I was born 6/9, not 9/6. Yeah.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah. And because we do, if you were to do this just isolated as a test procedure we have to show both how we enter it and modify it, right, on an item-by-item level, and I don't think it's untoward to construct a scenario that says the date of birth was transposed, the ethnicity was entered incorrectly, they should have picked, you know, Caucasian and they picked American, you know, picked Hispanic or, or .... Yeah.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Whatever. So Chris and Scott, is that enough information to, to write one more simple paragraph?

**Chris Brancato – Deloitte**

Sure, I think so.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right. Is the workgroup okay with that and that makes—we get the information in, we're able to modify it, which is what the requirements are, but we don't go through the financial process or identification process.

**Chris Brancato – Deloitte**

Okay, that's fine.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. Uh, Joe, you had a comment on past history.

**Joe Heyman – OptumInSight**

Where? I don't—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. So on page nine it's under it's at the top of page nine I, it may have just been a comment.

**Joe Heyman – OptumInSight**

Okay. Uh, yeah, the idea that somebody's going to list all the previous medications the patient has been on.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

But this would be from the patient themselves. This is taking place during the nursing assessment.

**Joe Heyman – OptumInSight**

Who, I'm not aware that people ask all, the patient, all the previous medications they've been on. Are these—?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Oh that's true. You're right. I, I, I'm with you now. Got you. So, uh—

**Joe Heyman – OptumInSight**

That they're on.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Uh, yeah. Um, Chris and Scott, he's correct. I mean we certainly look, but, but we don't expect you to go back to your childhood and, and this is being an observer, I'm just going to give the example, we don't expect you do to go back to your childhood and tell us when you took amoxicillin.

**Chris Brancato – Deloitte**

Right. This is a legacy from the electronic data transfer from the referring physician.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. So you'll—

**Chris Brancato – Deloitte**

So we will be happy to remove that.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Great.

**Joe Heyman – OptumInSight**

And you know I per-, I know there are a whole bunch of fixes with his/her—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah.

**Joe Heyman – OptumInSight**

—to their, which is definitely better.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Oh yeah, we did do the seek/find and take out "his/her" and put in "their."

**Joe Heyman – OptumInSight**

Yes, but what I was going to say is somebody made a suggestion on the last call that you just pick one gender and, you know, use it for that particular case, and then the next time you—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Switch it on the next one.

**Joe Heyman – OptumInSight**

You know I just think it would read better, but I don't particularly, I don't feel strongly about it. But what I wanted to point out to you was that in one case you're not consistent, because you use just his. Like I can't find it, so but I know it's there and I think it's on this page, on page nine. I'll find it and I'll point it out to you. I just think you should be consistent in the way you use it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, that's fine. And I, I, I don't have a, a preference other than whether it's use his in one and her in the other, whether you use their. Does anybody on the call care one way or the other?

**Joe Heyman – OptumInSight**

I don't.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

John, Andrea, Anne?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

No.

**Joe Heyman – OptumInSight**

Now here, here's the place, and the reason that it's important is because the grammar is incorrect also. It says, "Once completed, the physician enters in his clinical note into the EHR."

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Joe Heyman – OptumInSight**

I think what you want to say there is, "Once completed, the physician enters the clinical note into the EHR and activates the clinical decision support functionality." You want to take out that word in.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Have you got it, Chris or Scott?

**Chris Brancato – Deloitte**

Yes, ma'am.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Now let's go back up to mid-page, page nine. We still are we're still using the terminology standing order sets. We, we've talked about changing it to admissions orders or something. Standing order sets are not, are not allowed by Joint Commission. You could say admission, you could say, you can do protocol, you can do admission order set, but don't use standing, please.

**Chris Brancato – Deloitte**

Right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

Is there a preference for one or the other?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Pardon?

**Scott Purnell-Saunders – Office of the National Coordinator**

Is there a preference on admission sets over the other or just use admission sets?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Admission sets sounds ....

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Anybody else have a strong feeling about that one way or the other?

Okay. John, did you look at the laboratory stuff that we took out so that we were pretty simple? And I was okay with it if, if you are.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, I was okay with it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Uh, this is where we had the discussion about did we want to stay with endocrinology or do we just want to say appropriate specialist. I think we came to the agreement that one way or the other you guys are going to have to test against something, and you didn't really care.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

It's not going to make a lot of difference what kind of EP it is, to be honest bolted to something that's a pretty neutral requirement.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Right.



**Joe Heyman – OptumInSight**

This is Joe. I know this is really nit-picking, so you can just tell me to shut up.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That would be rude; we won't do that.

**Joe Heyman – OptumInSight**

It says, "Ordered several tests to be performed by the radiology department." I don't think we usually refer to—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

No, we say diagnostics.

**Joe Heyman – OptumInSight**

Yeah, it's something other than tests.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah. Procedures, diagnostics, something.

**Joe Heyman – OptumInSight**

... or something, but test doesn't seem right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Well that was the other thing where we had talked about maybe just having, you know, you could just do, you know, an x-ray, you know a chest x-ray, and then that way it's real simple, and again it's clinically relevant. Or I don't know that it would be, yeah, I suppose, I mean, this patient's got endo-, is an endocrinology patient, what would we be doing in this?

**Joe Heyman – OptumInSight**

You could be looking at her pituitary gland or something.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. ... work for me.

**Joe Heyman – OptumInSight**

But in any event, I, I just don't like the word test; that's all.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah. So let's, let's think of a, a diagnostic that we think appropriate, and we'll give it to Scott and Chris and they'll put it in. What do you want to do, Joe?

**Joe Heyman – OptumInSight**

Well I'm no, I'm, I'm a gynecologist. I don't ....

**Scott Purnell-Saunders – Office of the National Coordinator**

Need a little more specificity than that.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah. Okay, let's, uh—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

We can sign her up for a thyroid scan.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That'll work. That's perfect. That's fine.

**Joe Heyman – OptumInSight**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. Um—

**Joe Heyman – OptumInSight**

I don't know why you're getting a thyroid scan, but it's fine.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

It's part of the endocrine system. I don't know.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, well that's what I was going to say. Pituitary makes more sense than thyroid if it, if, I mean, of course I don't know. It doesn't matter. I don't, here's what I don't want, I don't want it to be clinically irrelevant; that's sort of the whole point of doing this process.

**Joe Heyman – OptumInSight**

Well I mean you could say the patient had a thyroid enlargement and so a thyroid scan was ordered.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

There you go.

**Chris Brancato – Deloitte**

Okay. Great.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Perfect. Okay. Now um, I think, John, we will, on the next one sort of the top of page ten, we were, we are saying the same thing here about import and export. We kind of had that discussion. Remember? Because most of the time, it, it, ... what's inferred here is that we have a non-integrated system, which is possible.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Uh, and I don't think if it is integrated would that cause a testing problem for you or Andrea, because you're not getting—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Well if it is integrated what I was concerned with was you don't want to—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Force an import.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Force an import or specify a method. So, you know, for us we're not importing lab data if you're running Pathnet, even though—and, you know, to be honest, we might make sure the tester knows we're showing the, where the lab res-, how integration works; not to present the lab system for certification per se, but to say as a result of integration we'll show you where the test has resulted and now it populates back to be displayable in, in power charge ....

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Well what if we just said, instead of saying your data is imported, what if we just said the data is available?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, and it, and then it really—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

And then you could cover either scenario if you need, if you're interfacing, right—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

You could show an inbound results file, yeah, using a Version II message, you could show, you know. And, and I think if it—

**Carol Bean – Office of the National Coordinator**

Wouldn't this have to be what the method was for that system?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Well, the, now here's the problem. Y-, the testing procedures may need to address this, and I, and I easily, I certainly can see that. The problem is if the system can do both should both be tested.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right that's the question, and that's—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Or optional—you're not really saying optionality here per se, but you need to drive out whether or not that's the intent. So if you want to say the real capability is that the system can accept an inbound Version II interface now you're getting into having to specify the standard for what that is and we didn't, or you're, or it could be an and/or, you're saying if you have an integrated lab system you can, you can do that. I guess you could draw a line and say we don't care how it gets in as long as it comes in as structured data. I mean that's how the incorporate structured lab results could be tested in Stage 1; they didn't specify a standard for how that needed to appear. You could have done either; they didn't dictate it, nor did they require you to test both methods if you could do both methods.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. That's why I was using the word available, because it didn't, it's vague enough, but that may not be sufficient.

**Carol Bean – Office of the National Coordinator**

How about available in discrete, as discrete or structured data?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

That's the approach taken in Stage 1, and, and honestly we did, ironically, test using an inbound Version II message in Stage 1 for that objective, because we knew we could integrate but we, we thought that was a more appropriate way to test, but there was nothing that said we had to do it that way.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So Chris or Scott, will you all take Carol's words and use them on both scenarios, so it's coming into and available in the EHR, because that way it wouldn't matter whether it was imported or not; it's available.

**Chris Brancato – Deloitte**

Sure.

**Joe Heyman – OptumInSight**

This is Joe, the nit-picker. Um, it just seems to me that when you're talking about laboratory results no-, nobody talks about that when we call for results. We don't call for data; we call for results. So if you could say that once the samples are evaluated and the results—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

The results. Yep.

**Joe Heyman – OptumInSight**

... and we use them in the structured data, or something like that, so then it doesn't look like we're talking about data instead of results.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That's a good point. So we'll change the word from data to results.

Okay. And then on the next part we didn't specify that, that the time is verified; it still doesn't say that. It says, "Matches the original order," is that the way of saying the time is verified? Do you see where I am, guys? I'm looking at the four bullets under the medication actually being administered. So we've identified the patient, we've identified the med, we've med, we've matched the med to the order, we've matched the dose, we've matched the route, but where do I know that it's the right time? Is that because it matches the original? How about this, why don't you just say medication matches the original order, including time or including—

**Scott Purnell-Saunders – Office of the National Coordinator**

Do you want just including time or do you want to add another bullet that says ...?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

No, I don't want to, I don't want to draw it out any further.

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay. We can add time there.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Alright. Uh, okay, we, we talked about, so this is the end of the, of the discharge. We don't have med req here; we, it's still not there. Um, you do have discharge, you have discharge education, but not discharge instructions, and then we talked about did we want to use the electronic copy thing, providing patient with an electronic copy.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

What about medications?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

What do you mean?

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

At discharge do you get electronic—?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

.... Oh, you mean electronic prescribing?

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

I'm just remembering from the other setting.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right, that's a good point. So what we need to add here is we need med reconciliation, discharge instructions, provision of electronic copy, and electronic discharge, I mean prescription, excuse me. That's what Anne was referring to.

**Chris Brancato – Deloitte**

Right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Got it?

**Chris Brancato – Deloitte**

Yep.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Joe Heyman – OptumInSight**

Um, this is Joe.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes.

**Joe Heyman – OptumInSight**

Uh, the previous paragraph, "The Endocrinologist received the consult through the EHR evaluates the patient." I think you need to fix that somehow.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So you, you got it?

**Chris Brancato – Deloitte**

Got it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

You got it. Okay. Great.

**Chris Brancato – Deloitte**

Yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. Okay, now we can move on to, if we're ready the emergency room. Anybody, I'm sorry, anyone else have anything on inpatient? Excellent work, guys.

Okay. I'm back in my draft. Hang on a minute.

**Andrea Sim – RelayHealth – Vice President of Product Management**

Actually this is Andrea. I might need to exit the call a little early. ... about that.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. Thank you, Andrea for joining us

**Andrea Sim – RelayHealth – Vice President of Product Management**

...

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Which one is next, Liz?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Emergency room. This is the last one.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay, so we, this is where and, and, that when I read it we, we kind of picked it up that we weren't that this is for an adult—no, this is for pediatrics. We decided we would do pediatric. Right?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Mm-hmm.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right, so we got there, fixed all that. We're looking—I'm just reading the history now again. Let's see.

**W**

Hello?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Hello?

**W**

Uh-huh. Hello?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Who, who's on the phone?

**W**

I am. I was talking to some man.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I think you've somehow gotten on the wrong line with us.

**W**

Okay. I was talking to some man, he asked me my name.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Is the rest of the workgroup on the call?

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah, we're still here.

**MacKenzie Robertson – Office of the National Coordinator**

I think that might have been a public call that was put, a public participant put in the speaker line by mistake, but I think they just took her off.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Great. Thanks. Okay. So now we're in pre-hospital phase. Um, okay, we, did we get the legal representative? John, that was a good catch.

**Joe Heyman – OptumInSight**

Um, on page five.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Uh-huh.

**Joe Heyman – OptumInSight**

You guys are going to hate me.

**Scott Purnell-Saunders – Office of the National Coordinator**

Your words.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Go ahead, it's okay.

**Joe Heyman – OptumInSight**

Patient ..., but does not have a specialist. You need the word a.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay, I don't know where you are. Do you know, Scott?

**Scott Purnell-Saunders – Office of the National Coordinator**

I'm, I'm looking now.

**Joe Heyman – OptumInSight**

It's on page six of the graph, "The Emergency Department sees both pediatric and adult patients over the age of 18."

**Scott Purnell-Saunders – Office of the National Coordinator**

"Age of 18, but does not have," I got you ...

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Good catch.

**Scott Purnell-Saunders – Office of the National Coordinator**

You said a specialist or specialists. Do you want to put "a" or "s"?

**Joe Heyman – OptumInSight**

Either one.

**Scott Purnell-Saunders – Office of the National Coordinator**

Got you. We'll add it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I know. Uh, actually I really appreciate it, because I, I wasn't looking for that kind of stuff, and it's really important. Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

That wasn't too bad.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. So we still have—

**Joe Heyman – OptumInSight**

... great job there.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So on, on page six towards the bottom we still don't have, we still don't deal with the fact that we've got a minor. Now I don't know how we, anyway, I don't know that it matters for EHRs, but we, we've chosen a minor. So for legitimacy, now I want to make sure that we don't, okay, so, John, when we say that if we say document a legal representative that would mean but in testing procedures you would have to show you did that, even though it's not required by Meaningful Use. It's definitely required.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, that may be. I think that's right.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah. So do we want to—we could put a note at the end of the paragraph that simply says it is noted that the patient will require a legal counsel or legal representative, but not use the word document. Does that get us around that hurdle? Carol, what do you think?

**Joe Heyman – OptumInSight**

I think you could say it's understood that if a patient will need a, that a minor would need—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

A legal representative.

**Joe Heyman – OptumInSight**

Legal representative, but this is not part of the testing procedure or something.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

And then that way we're just, we're completely we're completely transparent about it.

**Carol Bean – Office of the National Coordinator**

Can you just say that the parent accompanied the patient as the legal whatever?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

You could. You could.

**Joe Heyman – OptumInSight**

That would be fine, too.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yep, that works in that.



**Scott Purnell-Saunders – Office of the National Coordinator**

Or like add it to the assumptions I guess. Right?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yep.

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yep. Um, and then the other thing we got into when we had this discussion remember we talked about the fact that because nobody speaks English we'd have to have a translator? So d-, do we want to maybe have the parent be able to speak English or something and not get into that just so we don't make it more difficult than it has to be?

**Joe Heyman – OptumInSight**

I think there should be a requirement that the EHR does the translation.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I'm telling, you had Wheaties for breakfast, I can tell. Okay. Um, that being put aside, it's a great idea. Why don't we just, just make the comment instead of saying, "Some members have almost no English skills," why don't we just simply say one of the parents is able to, to communicate in English. We just eliminate a lot of noise by doing that. Fair enough, everybody?

**Joe Heyman – OptumInSight**

I'm good.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right, we're moving on to seven. And see, that eliminates our next question that said when we, Chris was trying to convince me that paramedics have to speak Spanish. He's probably right. And the EHR could do it for us; that would be even better. Okay. We got that.

Okay. Um, on page seven, I think it's about middle page does the fact that it says, second paragraph, "The hospital has a mechanism through which the provider can access the pediatrician's EHR under emergency circumstances," is that required and is that going to have to be tested for or is that like part of the scenario? Because a lot of hospitals do not have a way to access pediatrician's EHRs. They have a way to access the pediatrician, but not their EHR.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Where are you?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I'm—

**Chris Brancato – Deloitte**

So I think the intent here—I'm sorry.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Oh, okay, Chris. I'm sorry; let me just catch her up.

**Chris Brancato – Deloitte**

Sure.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So we're under, we're on page seven under emergency department care phase, third paragraph, second sentence. Are you there, Anne?

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Yes. Yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right. Go ahead, Chris.

**Chris Brancato – Deloitte**

So I think the scenario behind here was there was some info a break the glass kind of.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. I think, yeah, I, I figured it was break the glass, and, but, but I guess if we can just—I, I'm just trying, again, to have something fairly realistic, and this implies that that, that routinely we can get through—

**Joe Heyman – OptumInSight**

And act—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Go ahead.

**Joe Heyman – OptumInSight**

And actually we look at the pediatrician's EHR, and you couldn't possibly do that without you know, logging in or something where you actually went into the patient's chart and looked at the EHR. So—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. So what can we do to get a—I guess what Chris is trying to do, or we're trying to say you have to be able to break glass. Is that part of—?

**Joe Heyman – OptumInSight**

Right. You could say you could pull up a CCR from a ... office.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah that's better, that's, and that's realistic. Okay. Okay.

**Joe Heyman – OptumInSight**

Do you guys require for breaking the glass some sort of series of questions that have to appear?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That's what I wondering. John?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

What we do we, in our system mechanically, it works that that is a different kind of relationship that the care provider seeking to break the glass has to go request or instantiate for that access attempt, and then they are asked why are they doing it and that's recorded, you know, with the audit trail of auditing that exercise. Uh, not just anybody can go and declare break the glass; you have to, I mean it's, it's a set up decision in the access control capabilities in the system as to who can invoke it.

**Joe Heyman – OptumInSight**

So I'm just wondering is there a requirement by the ONC for a certification that there be that kind of a process.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, it's designed—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah, there, I mean, it's tested as part of the security criteria.

**Joe Heyman – OptumInSight**

Okay that's—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Okay. Then we've got, then, then by giving us something that's holistic to break the glass for you could test it as part of this scenario.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

You could, yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Okay. We wanted a double-check on the fact that we had everything listed that was required and it looks like can't tell if we did that. Structured lab data I think was your question, John, if this is if this is it, because this is not what we need here. This is—is this everything in the summary patient record, and you ask about lab data. Did we ever get a confirmation whether structured lab data was required or not?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

I'm not aware.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

That it's required. So we believe this is a complete list?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Oh, all right let me—I looked at it the wrong way.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, because it, that, we are saying that this leads into, you now a clinical summary would have these things in it.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Yeah. Um, I did look and I think they're—let me verify again while it's fresh. For those of you who don't know, the display copy of the Stage 2 final rule just popped up.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

The what?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

The Stage 2 final incentive rule is out on display copy now. Um, I just got word.

**MacKenzie Robertson – Office of the National Coordinator**

I was going to say, I'm sure all of your e-mails are being ....

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

They're going to start lighting up. Yeah, they will to start lighting up.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes. So it's in the Federal Registry now.

**MacKenzie Robertson – Office of the National Coordinator**

It's, yeah, it's on public display.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

No, it's display copy. Yeah, public display, but not the official ... registry copy yet.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Um, I was going to go look at the clinical summary in the Stage 2 certification criteria rule to see if they specified structure for the lab results in the clinical summary, which they would have probably done by indicating a LOINC code for vocabulary. Um—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yeah, yeah, you're right; I just got six brand new e-mails—the eagle has landed.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

There you go. Hey, I said it first, and I wasn't the first to notice it here so. We, we have a little competition going on. Um, let me see if LOINC is named. Uh, here we go. Yeah, it is. So I'm looking at the transition of care summary.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Uh-huh.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

And one of the vocabulary standards is LOINC. So I think from a certification standpoint they're expecting structure, because you would need that for LOINC code association.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

I hope that's not an inappropriate conclusion, but that's what I would draw that there are structured languages.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So, Chris, will you put in there please, and then—or Scott, and then we will verify. I mean, because like you said, we need to tie the scenarios now that we have some regs beginning to be public about.

**Chris Brancato – Deloitte**

Sounds good.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Now I'm moving on to page eight if that's ever-, okay with everybody else. The first comment I have is about the, and I may not have made it before, the numerous medications errors orders. I mean from a test scenario will we clean that up and put in some appropriate medications or something for a test script, because you can't, you know—

**M**

Yeah, a lot of that will manifest in what the test data set looks like. Yes.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. All right. Uh, okay. And then I think this, I'm now on page eight, probably mid page, and we're just trying to look at the ED provides, completes the order that, that we do drug-drug, drug-allergy using that, using the reconciled med and medication allergy list to ensure the medications are safe. Okay. Alright. Then we've got discharge instructions, educational resources, and we can go back to the same thing and John and, oh Andrea, Andrea's dropped off now, do we want every one of these scenarios to com-, compl-, have all of the pieces of the discharge process, meaning e-prescribing, reconciliation, discharge instructions, and education, or is that going to get to be an overwhelming mess for you guys?

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Um, you know, I think however you present it or package it it's still going to wind up being in a bit of a sequential process leading to discharge if you're going to include those. Now I don't see a reason to do them earlier in the scenario and then do them again at discharge.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

No, me either.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Um, I would think naturally they would be built into the discharge process a little more conveniently.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So Chris and Scott, what we need to do is just make sure those components are there each time, because one thing that could happen is a ED product, for example, gets developed against this test scenario and they would need to show those independent of their inpatient, because they wouldn't necessarily be an inpatient provider software.

**Chris Brancato – Deloitte**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. Alright. Other comments about the ED scenario? Alright.

So now what I'd like to do is sort of talk about where we go from here. And I think we have a slide and, Carol, if you will do that I will support you in that effort.

**Carol Bean – Office of the National Coordinator**

Uh, okay, I can do it or, or Scott can, uh—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Either one. I'm fine with either.

**Carol Bean – Office of the National Coordinator**

Since you all have heard more of Scott lately, why don't we let him go through that?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Good. I think Rebecca's uploading.

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay. So—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So we've got a partial, at least I have a partial screen.

**Scott Purnell-Saunders – Office of the National Coordinator**

So let me, is it going to be uploaded to the Adobe Connect?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I think we're—

**Carol Bean – Office of the National Coordinator**

It was just sent out as an attachment, right?

**Scott Purnell-Saunders – Office of the National Coordinator**

Yeah, it was.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Would you just look at the attachment? Okay, Scott.

**Scott Purnell-Saunders – Office of the National Coordinator**

Not a problem. So what we're looking at currently is a test procedure timeline. Starting from left to right, so there's a big orange star at the final rule release. Um, there was not a date listed, because when this was drafted and completed we were not sure when that was going to be released but congratulations, it's up.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Well, well I would say that that is, is that big star the incentive rule or is that big star the certification criteria rule? Because the second's not out yet.

**Scott Purnell-Saunders – Office of the National Coordinator**

Right. It's the certification criteria rule.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Okay. So it's still up. It's what you said.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right.

**Scott Purnell-Saunders – Office of the National Coordinator**

Right. Um, at the very top, along the monthly timeline, are the identified currently scheduled Implementation Workgroup meetings the dates and times. The yellow star is kind of try to best approximate when in the month those meetings are going to occur and the details are listed below. Um, what we tried to do in the discussions we had with Liz and Chris today was to identify, excuse me, identify some of the tasks that we would need assistance with from the Implementation Workgroup and we're going to probably end up scheduling additional meetings between the September and November currently scheduled meetings but I'll let Liz talk more about that once I finish walking through the attached procedure timeline.

Um, along the second list, or second row down we have the draft test procedure releases. Um, we are actually have them scheduled to be released in waves, so you'll see four stars identified by wave one, two, three, and four, and the approximate dates in which they will be released as we'll currently kind of clear up. They are approximate dates, so don't, won't be held to those exact dates of 9/7, 14, 21, and 28. Um, essentially it's going to be uh, during that week and the wave for it should be identified as 9/28, not 9/21 but sometime during that, during that week of September the waves will be released of the da-, draft test procedures.

Um, as you go down to the 30 day comment period we're identifying that to happen throughout the month of October but due to some test procedures being released earlier than that we'll have you know, potentially some feedback that we'd like, like to receive from especially this group before that, you know, comment period so we can, you know, make adjustments as we need to during the updates and final harmonization period that's going to occur during the month of November. Uh, we have current demo scheduled between 10/31 and, and 11/2; that's on the next line down signified by the really small boxes there where the test labs will come in and receive demos on what we're going to be doing for the final rollout of the program. Um, once the comment period is closed we will be working on updates to the test procedures and finalizing everything for a potential release on 12/3/2012, and that's at the very bottom in the, another bright orange star.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

So for the workgroup what this means to us is obviously ONC has been working on test procedures and including, obviously, the clinical scenarios that we've been working on, and now that we have final rules, and we'll obviously we will need the criterion certification final rule, but we're going to be able to help them by reviewing these test procedures as they come out in waves. And so what we're suggesting to the workgroup is that we plan our weekly meeting, and recognizing that everybody will not be able to get to all of them, but that we can keep moving forward with that in mind and providing the input in a very timely manner. Because although you know, we've got, you know, it looks like a long time, but I think we all recognize that between September and November is really just two months to look at a lot of test procedures, to look for clinical relevance, and so on and ... all hands through that, but in order for us to be able to give them input we're going to have to be committed.

So what we talked about was setting a meeting up every week for an hour to hour and a half, and they will send us out on Fridays a wave of what they have already ready, and then we will go those relatively quickly, people will need to look at them ahead of time. If, for some reason we don't have work we will cancel the meeting, but we think it's important, because everybody's schedules are so busy, to get them on our calendars now and move forward with that. So from the workgroup I'd like their feedback. Um, what do you, you know, does that seem to be a plausible plan? And recognizing again that we, we are asking for a lot of commitment in terms of time and all of us will not be able to get to every meeting, but I think as a, as a group we'll be able to provide the feedback that they're looking for. Anne, Joe, John, you guys are significantly affected by this.

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Mute in two ways.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

No, I, you know I've, I haven't got anything else to do in September.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Well we all—

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

No, I'm counting having to do a lot of this in September.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Well that's kind of the thing that we're all thinking.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

We're going to be in the ru-, we're going to be in the rules deeply anyway, so, yeah.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Right. That's, that's kind of what we were thinking, too. Anne and Joe? I mean, Anne, you kind of said it. Right?

**Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect**

Um, to the degree that I can be helpful I will try.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right.

**Joe Heyman – OptumInSight**

Well I'm going to be traveling between September 16<sup>th</sup> and October 18<sup>th</sup> far away.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Far—good for you.

**Joe Heyman – OptumInSight**

Pardon me?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I said, "Good for you." We'll get the input that we can before and after. How's that sound?

**Joe Heyman – OptumInSight**

That sounds fine.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay.

**Joe Heyman – OptumInSight**

I just don't want you to think because I'm not showing up that I don't care.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Okay. We'll, we'll know. I, I don't think we'd think that. Um—

**Carol Bean – Office of the National Coordinator**

Liz can provide you with lots of reading material.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Carol, you're such a joy.

**Carol Bean – Office of the National Coordinator**

Always glad to be helpful.



**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I think MacKenzie and Carol, that that means we are buying off on this plan and recognizing that, you know, over the next week we're all going to be pouring in just trying to get a better understanding and waiting like was said earlier, for the certification rules as well, but I think this gives us a good start and a plan. And, MacKenzie, what we'll need to do is we, we were talking about setting up a call at 9:00 Central and I'll help you with a calendar that we're just trying to keep in mind that we've got two critical California folks, Wes and Arien, that if we do it at any earlier it's really difficult. So I will work with you on a schedule and we will post it in accordance with this plan and kind of move forward from there, and I think we've got the workgroup's feedback on it.

**MacKenzie Robertson – Office of the National Coordinator**

So it's just, it's, are we thinking weekly or monthly or—

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Weekly.

**MacKenzie Robertson – Office of the National Coordinator**

Weekly. Okay. And for an hour?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Yes, we'll do it for an hour each time, and if we find that that's not adequate we'll extend it. But we're just very concerned about not getting it, go ahead and getting it, or that we should go ahead and get it on everybody's calendars, because, you know, time is scarce, and we'll, we'll get organized in that fashion.

**MacKenzie Robertson – Office of the National Coordinator**

So how far in, in, how far out do you want plan to?

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

I want to plan out through November.

**MacKenzie Robertson – Office of the National Coordinator**

November. Okay.

**Scott Purnell-Saunders – Office of the National Coordinator**

So probably through the November 14<sup>th</sup> meeting.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Correct.

**Carol Bean – Office of the National Coordinator**

And this is Carol. I think that the, you know, Liz is going to have some, Liz and Chris have some thoughts about what would happen at the September 5<sup>th</sup> meeting. Uh, we have down here listed that the wave one you know, we just, as, as Scott mentioned, designated the Fridays as the release dates. We'll regularize that, that release schedule, and we will also as you can imagine things are, are, are in flux for us as well maybe not so unknown but still fluctuating, but we will provide a list as soon as we can when we anticipate which of the test procedures to be available. Uh, I mean like the, like we did with Stage 1 back a couple years ago we anticipate that, you know, we've been working hard in the background a lot of people have been working on this, and so we're going to it's not going in, in order the order is the things that require the least amount of change based on what we knew the anticipated changes to the rule to be.

Uh, but another caveat that I would just say and I, I will probably say this over and over throughout is, these are drafts and we are looking for input, and it's, you know, exposing ourselves or exposing this work in a stage that we know is not complete. We hope it's you know, very advanced, but, but you know we gratefully, and I, I won't say desperately, but we very much, you know, appreciatively and enthusiastically need your input on it.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Great. And I think, thank you, Carol, for that, and I think what we were talking about was that when we do our September 5<sup>th</sup> meeting by that time we'll have had a little bit, a week or so, to absorb, and I think we'll want to talk about where we are, and, and maybe additional regulations will be out as well.

So given that MacKenzie, I think we could turn it over to public comment.

**MacKenzie Robertson – Office of the National Coordinator**

Great. Operator, can you please open the lines for public comment?

## **Public Comment**

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press star 1. Or if you're listening via your telephone, you may press star 1 at this time to be entered into the queue. We have a comment from Carol Bickford.

Carol Bickford – American Nurses Association – Senior Policy Fellow

This is Carol Bickford from the American Nurses Association. I have comments on two sections that you reviewed today. One is on inpatient, I think it's page nine, where there's a discussion about the nurse contacts the physician and there's a verbal order given. I would suggest that you remove that, because verbal orders aren't supposed to be occurring as part of the ... thing.

There's also a disconnect in that the admitting clinician may not be a physician as we look at new models of care, so could you change that to provider or clinician? Farther on in that section you talk about discharge and identify the provider. So you've got some disconnect there, physician versus provider, so if you could be consistent and call them providers that would make me happy.

In the emergency department plan of care disc-, or department of care phase uh, you've identified that you are going to have a parent accompany the child, but in the second paragraph there's a discussion about locate a family member, so you're going to have to tidy up that discrepancy. And in the discharge section where you identify the st-, instructions are given to the patient, because this is a minor one would expect that there would also be parents participating in that conversation.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Thank you, Carol. Those are excellent comments.

**Joe Heyman – OptumInSight**

This is Joe. Um, if you're going to choose between clinician and provider please use clinician instead of provider. Those of us who are physicians don't like feeling like we're being called providers, and a lot of times we consider providers things like hospitals, so call us clinicians.

**Carol Bean – Office of the National Coordinator**

I think that we'll review that, Joe, understand the sensitivity, but I think we need to stick with the rule language.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Any other comments avail- uh, for us, MacKenzie?

**MacKenzie Robertson – Office of the National Coordinator**

No, there's no other public comment right now.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

Alright. Uh, again, thank you all for your hard work. Carol, thank you for your comments; very helpful. And we'll talk to you in about a week and a half.

**MacKenzie Robertson – Office of the National Coordinator**

Thanks, everybody.

**John Travis – Cerner – Senior Direct Chief Technology Officer and Solution Strategist, Regulatory Compliance**

Okay.

**Elizabeth Johnson – Tenet Healthcare Corp. – Vice President, Applied Clinical Informatics**

All right. Bye-bye.

**Scott Purnell-Saunders – Office of the National Coordinator**

Okay. Bye-bye.